Approved for use through 11/30/2011. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR **REVOCATION OF POWER OF ATTORNEY** WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

	manual and a supplemental and only of the fitting
Application Number	10/564,494
Filing Date	June 27, 2006
First Named Inventor	Gary P. Cook
Title	Methods for the preparation
Art Unit	4121
Examiner Name	SHOMAR, Isaac
Attorney Docket Number	02181 0087H2

I here	eby revoke al	I previous powers of attorney given in the	ne above-ide	ntified applicat	ion.				
	A Power of Att	torney is submitted herewith.							
\boxtimes	Number as my identified abov	nt Practitioner(s) associated with the following Cu dour attorney(s) or agent(s) to prosecute the appli e, and to transact all business in the United State & Office connected therewith:	cation	23859					
0	R					l			
	I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:								
[Practitioner(s) Name	Registration Number			7 I			
, }			regionalor, rembor			- [
.			· · · · · · · · · · · · · · · · · · ·			-			
,						-			
						1			
Dicas	O *OOO ==:								
		or change the correspondence address		e-identified ap	plication to:				
\bowtie		ssociated with the above-mentioned Customer Nu	ımber.						
OF									
OF		sociated with Customer Number:							
	Firm or								
	Individual Name								
Addres	SS								
0.4					····				
City Countr	v		State	<u> </u>	Zip				
Teleph			Email	Τ					
I am the			Linai						
	Applicant/Invent	tor.							
OR		and of the autim interest Occ 07 OFD 0 74							
		ord of the entire interest. See 37 CFR 3.71. ir 37 CFR 3.73(b) (Form PTO/SB/96) submitted he	erewith or filed o	on					
		SIGNATURE of Applicant	or Assignee o	f Record					
Signatu	ıre	f. Reere tron	· · · · · ·	Date	Feb 9, 2009				
Name		F. Reese Front		Telephone	205-917-2200				
Title an	id Company	SA. Vinecton, liversing & Statepic	Affairs /	Secre for 1/1	Snookwood Pharma	centra.			
	Signatures of all the is required, see to	e inventors or assignees of record of the entire interest pelow*.	or their represent	ative(s) are required.	Submit multiple forms if more than	one			
\boxtimes	*Total of $\underline{}$	forms are submitted.							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.